RAE #1

TWIN CITIES ORTHOPEDICS

March 23, 2020

To Whom It May Concern:

RE: Tony T. Robinson
Date of Birth: 5/20/1984

This letter serves as a written report and update to the affidavit dated 8/15/2017 with regard to my patient, Mr. Tony Robinson. I was Mr. Robinson's treating orthopedic surgeon from his initial presentation to my clinic on 6/13/2014 until his most recent evaluation on 8/13/2014. While I have been reimbursed for my clinical care provided to Mr. Robinson, I have not received any reimbursement or payment for providing legal support for Mr. Robinson's current case based on available medical documentation..

Mr. Robinson is currently a 35 year old gentleman who first presented to my clinic for evaluation of a right foot injury sustained on 4/14/2014. Mr. Robinson landed awkwardly on his ankle while playing basketball, and the ankle inverted. The patient was incarcerated at the time of injury and underwent initial evaluation with a registered nurse at his correctional facility. Minor swelling was noted around the right ankle with 7/10 pain with movement. Ankle radiographs were ordered, and Jeanne Luck LPN is noted as the provider who ordered the initial radiographs of Mr. Robinson's ankle. Initial radiographs of the right ankle were read as negative for fracture, and the patient was provided a CAM boot on 4/17/2014 which he wore for one week and then returned to normal shoe wear. Mr. Robinson noted persistent discomfort through the foot despite multiple subsequent clinic visits, and eventually presented to my clinic for formal orthopedic evaluation on 6/13/2014. Weightbearing radiographs of the right foot and ankle obtained in my clinic demonstrated a fracture of the lateral navicular without significant visualized displacement at the talonavicular joint. Subsequent CT imaging confirmed the presence of a fracture of the lateral navicular with significant diastasis at the talonavicular joint and no evidence of fracture healing. Given the patient's persistent pain localized to the fracture site and the joint displacement of the talonavicular articulation of the fracture, operative intervention was recommended to include excision of the fracture fragment. The patient underwent operative intervention on 7/11/2014 with excision of the nonhealing navicular fracture fragment. The patient's postoperative recovery was uncomplicated, and he returned for his final postoperative visit in my clinic on 8/13/2014. At that point, the patient noted minimal pain in the foot and was ambulating comfortably in regular tennis shoes.

Based upon my review of available outside medical records, since 2014 the patient had noted persistent discomfort in the foot, predominantly localized along the posterior tibial tendon. The patient sought orthopedic evaluation elsewhere and was provided a diagnosis of posterior tibial tendinitis. The patient underwent an MRI scan of the ankle and hindfoot in January of 2017, demonstrating partial tearing of the distal insertion of the posterior tibial tendon with mild tenosynovitis. Mr. Robinson also underwent evaluation with Dr. Paul Mahle at the St. Louis University Hospital. As of 2017, Mr. Robinson had been managing his posterior tibial tendinopathy symptoms with anti-inflammatory medication, orthotics, Lidoderm patches, and a corticosteroid injection along the tendon sheath.

With regard to the patient's initial foot injury sustained on 4/13/2014, I have personally reviewed the patient's outside records from his Department of Corrections medical office as well as the radiographs obtained prior to his first clinic visit with me on 6/13/2014. Radiographs of the right ankle obtained on 4/16/2014 demonstrate irregularity along the lateral and plantar portion of the navicular on the mortise view, and to a lesser degree the lateral ankle radiograph. Full visualization of the navicular is limited as formal foot x-rays were not obtained, and it is difficult to visualize the lateral pole of the navicular on an ankle x-ray series. I can state with certainty that the navicular fracture is identifiable on the initial ankle radiographs, and best identified in the multiple subsequent foot radiographs that were performed and read as negative. These initial radiographs were interpreted by Dr. Ranjiv Saini as having no radiographic evidence of acute fracture or dislocation and mild medial and lateral soft tissue swelling. The navicular fracture is much better visualized on the foot radiographs obtained on 4/30/2014 which confirm the presence of a relatively nondisplaced fracture of the lateral pole of the navicular. The fracture line is readily visualized on the oblique foot x-ray. These radiographs were read as no definitive radiographic evidence of acute fracture or dislocation by Dr. Anne Glaser. This fracture line persists without evidence of displacement on the foot radiographs obtained on 5/07/2014 which were once again read as no definitive radiographic evidence of acute fracture or dislocation by Dr. Anne Glaser. The finding of a nondisplaced lateral pole of the navicular fracture on my personal view of the radiographs is consistent with an acute fracture sustained during the patient's injury on 4/13/2014 as confirmed clinically and radiographically at the patient's first visit to my clinic on 6/13/2014.

I should note that as part of my board certification for orthopedic surgery, I am required to appropriately order and accurately interpret musculoskeletal radiographic images. In my clinical practice, I obtain radiographs for most of my patients and rely on my own interpretation of radiographs for diagnosis and treatment of patients without supplemental interpretations by a radiologist. Mr. Robinson's lateral navicular fracture appeared relatively nondisplaced initially though more detailed imaging with a CT scan obtained on 6/17/2014 demonstrated substantial displacement of the fracture and involvement of the articular surface at the talonavicular joint. This fracture was missed on multiple x-rays series initially following Mr. Robinson's injury. As a result, Mr. Robinson was allowed to progress weightbearing activity without protective support around the foot and ankle, which more likely than not contributed to displacement of the lateral navicular fracture and excessive micromotion at the fracture site limiting the ability for the fracture to heal with conservative treatment. Ultimately, due to a symptomatic nonunion at the lateral navicular fracture site, surgical intervention was required for treatment of an injury that likely would have healed with conservative management including immobilization and rest.

Documentation from the Department of Correction's medical offices available for my review include a clinic note from 4/29/2014 by Dr. Stephen Dannewitz noting pain with subtalar motion and ankle motion as well as pain along the first metatarsal and arch. Mr. Robinson was diagnosed with a possible strain versus occult fracture, and a foot x-ray was appropriately ordered. The note mentioned that an x-ray was previously obtained of the wrong site, which may reference the ankle x-rays that had been obtained after the patient's initial injury which did not adequately visualize the area of injury. Dr. Dannewitz also comments in his clinic note that he has no note referencing Mr. Robinson's initial visit.

The initial injury evaluation by an RN, where Mr. Robinson endorsed an inversion foot injury while playing basketball. Minor swelling was noted around the right ankle. Pain was rated at 7/10 with movement. Circulation, motor function, and sensation were intact. RICE was recommended, along with Tylenol, and ankle radiographs were ordered. A note by an unknown provider on 4/15/2014 notes Ottawa Rules are inconclusive as the patient is unable to bear weight. The healing process was discussed (with no documented diagnosis), and crutch training was provided. A CAM walker was provided on 4/17/2014. Mr. Robinson requested evaluation on 4/28/2014 as he could not bear weight on the ankle.

A followup note on 4/30/2014 by Dr. Stephen Dannewitz notes the negative x-ray results from the 4/30/2014 images. The patient had been utilizing a splint for the right ankle and a crutch. It was recommended that the patient discontinue the splint and crutch at that visit. A call was placed to the u nit officer to pull the boot and crutch on 4/30/2014 as they were discontinued by the physician. A final note available for my review dated 5/07/2014 by Dr. Stephen Dannewitz notes the patient was continuing to utilize a crutch to assist with mobilization. Ecchymosis was noted along the instep which Dr. Dannewitz states may have been secondary to a missed fracture or a sprain that was resolving. Repeat x-rays were ordered for the foot and obtained on 5/07/2014, with reported negative results. I do not have any further medical records between this visit on 5/07/2014 and the patient's visit in my clinic on 6/13/2014.

Based upon my review of the patient's medical records and radiographic images, it is clear the patient sustained a nondisplaced fracture of the lateral pole of the navicular during an injury while playing basketball at his correctional institution on 4/13/2014. The patient presented to a medical clinic shortly following his injury where radiographs of the ankle were obtained that demonstrated subtle irregularity along the navicular. Unfortunately, foot radiographs were not initially obtained. Based upon medical records available for my review, the patient was seen approximately two weeks after his initial injury for followup, and radiographs of the foot were then appropriately ordered, given the location of the patient's pain. All of the radiographs obtained through the correctional facility were evaluated as negative for acute fracture or dislocation, though there is clearly a fracture of the lateral navicular noted on multiple radiographic views. This fracture would typically be treated initially with conservative management to include nonweightbearing or protected weightbearing in a cast boot for a period of approximately six weeks while the fracture heals. The delayed recognition of this fracture and lack of appropriate immobilization of the foot are both contributing factors to the development of a nonunion of the fracture site with persistent pain, which eventually required operative intervention. While a nonunion may have occurred with conservative treatment, it is more likely than not that Mr. Robinson would not have required surgical care had the fracture been recognized, the foot been appropriately immobilized with protected weightbearing, and the fracture allowed to heal.

As a result of the fracture having been missed radiographically, the standard of care for treatment of this fracture was not followed. This fracture was not recognized on multiple x-ray series of the foot. This departure from the standard of care was a direct cause of the patient's persistent pain, nonunion, and need for surgical intervention.

Dr. Dannewitz did note on 5/07/2014 that the patient's examination was concerning for a missed fracture and repeat radiographs were appropriately ordered given that concern. Unfortunately, the repeat radiographs obtained on 5/07/2014 were also read as no definitive evidence of acute fracture or dislocation, though the lateral navicular fracture is clearly identified on radiographs by my review. I do not have any further documentation indicating at which point a referral was placed for Mr. Robinson to be evaluated at my clinic though this certainly would be an appropriate next step in care given the report of the negative x-ray and persistent pain in the foot limiting the patient's activity and ability to bear weight comfortably.

All of the facts stated above are expressed to within a reasonable degree of medical certainty based upon my expertise as a board-certified orthopedic surgeon with fellowship training in foot and ankle surgery. I have included a copy of my current curriculum vitae as well as a list of depositions provided under oath over the past four years. The above facts are based upon my independent evaluation of the patient as well as my review of Mr. Robinson's medical records and radiographic images. All of the medical records and images referenced above are available as part of the patient's medical records which have been provided to my clinic, and may serve as exhibits for Mr. Robinson's case. This report is declared true and correct under penalty of perjury pursuant to 28 U.S.C., 1746.

If there are any further questions or concerns that I can address with regard to Mr. Robinson and his right navicular fracture, please feel free to contact my office.

Sincerely,

Jeffrey D. Seybold MD
Twin Cities Orthopedics

Enclosures
- CV
- Deposition list

LESLIE M. BERGSTROM
Notary Public-Minnesota
My Commission Expires Jan 31, 2025

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Education and Training

1999 – 2003	Marquette University College of Engineering, Milwaukee, WI Honors B.S. in Biomedical Engineering conferred May 18, 2003 Major in Biomechanics, Minor in Biological Sciences Summa Cum Laude, GPA 3.980 Studied at Les Aspin Center for Government, Washington, D.C., summer of 2002
2003 – 2007	University of Wisconsin School of Medicine and Public Health, Madison, WI Doctor of Medicine conferred May 20, 2007 Dean's GPA 3.824 Inductee into Alpha Omega Alpha National Medical Honors Society
2007 – 2012	Internship/Residency, Department of Orthopaedic Surgery, University of Michigan Health System, Ann Arbor, MI
2012 – 2013	Fellowship, The Institute for Foot and Ankle Reconstruction, Mercy Medical Center, Baltimore, MD

Clinical Appointments

8/1/2013 – present	Twin Cities Orthopedics

Certifications

6/14/2005	USMLE Step 1, passed
12/28/2006	USMLE Step 2 CK, passed
3/8/2007	USMLE Step 2 CS, passed
9/15/2008	USMLE Step 3, passed
7/12/2012	American Board of Orthopaedic Surgery, Part I Examination, passed
7/23/2015	American Board of Orthopaedic Surgery, Part II Examination, passed

Licensure

6/18/2007 – 6/30/2012	State of Michigan Educational Limited Medical License; License No. 4301089891
3/23/2012 – 9/30/2013	State of Maryland Physician; License No. D73856
9/7/2013 – present	State of Minnesota Physician and Surgeon License; License No. 57085

Grants

May – Aug., 2004	Herman Shapiro Summer Research Grant University of Wisconsin School of Medicine and Public Health, Department of Orthopedics and Rehabilitation, Madison, WI Principal Investigator: Richard Illgen, MD

Honors and Awards

1999 – 2000	College of Arts and Sciences Dean's Honor List, Marquette University
2000 – 2003	College of Engineering Dean's Honor List, Marquette University
2001 – 2003	College of Engineering Outstanding Senior, Outstanding Junior (All-College), and Outstanding Sophomore Awards, Marquette University

2005	Community Service and Leadership Award, University of Wisconsin School of Medicine and Public Health
2006	Alpha Omega Alpha Inductee, University of Wisconsin School of Medicine and Public Health
3/2/2009, 11/19/2009	University of Michigan Health System "Making a Difference" Employee Recognition Award
2018 – 2019	Minneapolis/St. Paul Magazine Top Doctors Rising Star

Professional Memberships

2001 – present	Alpha Eta Mu Beta, National Biomedical Engineering Honors Society
2002 – present	Tau Beta Pi, National Engineering Honors Society
2002 – present	Alpha Sigma Nu, National Jesuit Honors Society
2006 – present	Alpha Omega Alpha, National Medical Honors Society
2007 – present	American Academy of Orthopaedic Surgeons, active member
2013 – present	American Orthopaedic Foot and Ankle Society, active member
2015 – present	American Board of Orthopaedic Surgery, Diplomate of the Board

Boards and Committees

2015 – 2017	Co-Course Director, Twin Cities Orthopedics "Practical Orthopedics for Primary Care" Conference
2016 – present	Editorial Advisory Board, Foot and Ankle Clinics of North America
2018 – present	Fellowship Director, Twin Cities Orthopedics Foot and Ankle Fellowship Program
2018 – present	Young Physicians Committee, American Orthopaedic Foot and Ankle Society
2019 – present	Women's Leadership Task Force, American Orthopaedic Foot and Ankle Society

Lectures and Presentations

Lectures

"Atlanto-axial Rotatory Subluxation"; Grand Rounds, University of Michigan Department of Orthopaedic Surgery, Ann Arbor, MI; Sept. 4, 2008.

"Post-traumatic Ankle Arthropathy"; Grand Rounds, University of Michigan Department of Orthopaedic Surgery, Ann Arbor, MI; Sept. 3, 2009.

"Delivery of Orthopaedic Foot and Ankle Care in Europe"; Grand Rounds, University of Michigan Department of Orthopaedic Surgery, Ann Arbor, MI; May 13, 2010.

"The Orthopaedic Impact of Marathon Running: Current Topics"; Grand Rounds, University of Michigan Department of Orthopaedic Surgery, Ann Arbor, MI; November 4, 2010.

"Posterior Malleolar Fractures: History, Controversy, and the 'Posterior Pilon' Fracture"; Grand Rounds, University of Michigan Department of Orthopaedic Surgery, Ann Arbor, MI; April 7, 2011.

"Acute Osteochondral Lesions of the Talus"; Grand Rounds, University of Michigan Department of Orthopaedic Surgery, Ann Arbor, MI; August 4, 2011.

"Avulsion Amputation of the Forearm"; Grand Rounds, University of Michigan Department of Orthopaedic Surgery, Ann Arbor, MI; January 5, 2012.

"Bone Grafting and a Novel Cellular Allograft in Foot and Ankle Surgery"; Research Triangle Park Orthopaedic Society Lecture Series, Durham, NC; October 22, 2013.

"Tendon Injuries Around the Ankle"; St. Francis Regional Medical Center Conference Series, Shakopee, MN; November 22, 2013.

"Orthopaedic Infections and Oncology"; Augsburg College PA Program Lecture, Minneapolis, MN; January 26, 2015.

"Orthopaedic Infections and Oncology" and "Orthopaedic Trauma"; Augsburg College PA Program Lecture, Minneapolis, MN; January 13, 2016.

"Orthopaedic Infections and Oncology" and "Orthopaedic Trauma"; Augsburg College PA Program Lecture, Minneapolis, MN; January 10, 2017.

Webinars

"Lateral Transfer of the FDL or FHL for Peroneal Loss"; FOOTinnovate™, www.footinnovate.com; April 6, 2013.

Educational Courses

Multiple lectures; Orthopaedic Resident Foot and Ankle Surgical Skills Course, Oregon Health Sciences University, Hillsboro, OR; June 8, 2013.

Multiple lectures; The 11th Beijing Orthopaedics Annual Meeting, Beijing, China; October 10, 2014

Multiple lectures; Chinese Foot and Ankle Symposium and the 1st Shangdon Forum of Foot and Ankle Surgery, Jinan, Shangdon Province, China; October 12, 2014.

Multiple lectures; 2014 Chinese Foot and Ankle Surgery Symposium, Guiyang, Guizhou Province, China; October 16, 2014.

"Achilles Tendinopathy"; 9th Practical Orthopedics for Primary Care Conference, St. Louis Park, MN; April 17, 2015.

Multiple lectures; Atlantic Canadian Foot and Ankle Conference, Saint John, New Brunswick, Canada; October 16-17, 2015.

"Hindfoot Fractures"; 2015 AOFAS Resident Review Course, Rosemont, IL; October 24, 2015.

Multiple lectures; 45th Annual Orthopaedic & Trauma Seminar, Minneapolis, MN; November 5-7, 2015.

"Sinus Tarsi Approach for Calcaneal Fractures"; Baltimore Biennial Foot and Ankle Meeting, Vail, CO; February 8-11, 2017.

Multiple lectures; AAOS/AOFAS Prevalent Procedures in Foot and Ankle Trauma and Reconstruction, Rosemont, IL; May 4-6, 2017.

Podium Presentations

Seybold JD, Knesek MA, Graziano GP, Patel RD. "Incisional Vacuum-Assisted Closure Devices in Obese Spine Patients." Michigan Orthopaedic Society Annual Scientific Meeting; Mackinac Island, MI; June 24-26, 2011.

Seybold JD, Campbell JT, Jeng CL, Short KW, Myerson MS. "The Relationship of the Long Flexors and the Posteromedial Ankle. An Anatomic and Clinical Study of Lateral Transfer of the Long Flexors for Complete Peroneal Loss." Baltimore Fellows Foot and Ankle Meeting; Breckenridge, CO; February 13-16, 2013.

Seybold JD, Campbell JT, Jeng CL, Myerson MS. "Anatomic Comparison of Lateral Transfer of the Long Flexors for Concomitant Peroneal Tears." 29th Annual Summer Meeting of the American Foot and Ankle Orthopaedic Society; Hollywood, FL; July 17-20, 2013.

Seybold JD, Campbell JT, Jeng CL, Short KW, Myerson MS. "Clinical Outcomes of Lateral Transfer of the FHL or FDL for Concomitant Peroneal Tendon Tears." 29th Annual Summer Meeting of the American Foot and Ankle Orthopaedic Society; Hollywood, FL; July 17-20, 2013.

Seybold JD, Srinath AK, Campbell JT, Cerrato RA, Jeng CL, Myerson MS. "Functional Return to Activity Level Following Sesamoidectomy."; 29th Annual Summer Meeting of the American Foot and Ankle Orthopaedic Society; Hollywood, FL; July 17-20, 2013.

Poster Presentations

Illgen RL, Bauer LM, **Seybold JD**, Boeckmann SA, Forsythe TM. "Bulk Generation of Submicron UHMWPE Wear Debris." 51st Annual Meeting of the Orthopaedic Research Society; Washington, D.C.; Feb. 20-23, 2005.

Srinivasan RC, **Seybold JD**, Salata MJ, Goulet JA, Dougherty PJ. "An Analysis of the Orthopaedic In-Training Examination (OITE) Musculoskeletal Trauma Section Reveals the Importance of Reviewing the Current Primary Literature." 25th Annual Meeting of the Orthopaedic Trauma Association; San Diego, CA; Oct. 7-10, 2009.

Seybold JD, Moore JED, Holmes JR, Kadakia AR. "Comparison of Diagnostic Accuracy and MRI Utilization by General Practitioners and Foot and Ankle Orthopaedists." E-poster. 27th Annual Summer Meeting of the American Foot and Ankle Orthopaedic Society; Keystone, CO; July 13-16, 2011.

Seeley M, Knesek MA, **Seybold JD**, Graziano GP, Patel RD. "Obesity and Wound Drainage: Are Incisional Vacuum Assisted Closure Devices the Answer?" E-poster. 8th Annual Evidence and Technology Spine Summit; Park City, UT; February 23-25, 2012.

Knesek MA, Seeley M, **Seybold JD**, Graziano GP, Patel RD. "Obesity and Wound Drainage: Are Incisional Vacuum Assisted Closure Devices the Answer?" AAOS Annual Meeting, New Orleans, LA; March 11-15, 2014.

Bibliography

Peer-Reviewed Journals

Srinivasan RC, **Seybold JD**, Kadakia AR. Analysis of the foot and ankle section of the Orthopaedic In-Training Examination (OITE). *Foot Ankle Int.* 2009; 30(11): 1060-4.

Srinivasan RC, **Seybold JD**, Salata MJ, Miller BS. An analysis of the orthopaedic in-training examination sports section: the importance of reviewing the current orthopaedic subspecialty literature. *J Bone Joint Surg Am.* 2010; 92(3): 778-82.

Espinosa N, **Seybold JD**, Jankauskas L, Erschbamer M. Alcohol sclerosing therapy is not an effective treatment for interdigital neuroma. *Foot Ankle Int.* 2011; 32(6): 576-80.

Seybold JD, Dahl WJ, Kadakia AR. Tophaceous calcium pyrophosphate dihydrate crystal deposition of the ankle: a case report. *Foot Ankle Int.* 2011; 32(7): 717-21.

Seybold JD, Srinivasan RC, Goulet JA, Dougherty PJ. Analysis of the Orthopaedic in-Training Examination (OITE) musculoskeletal trauma questions. *J Surg Educ* 2012; 69(1): 8-12.

Klammer G, Kadakia AR, Joos DA, **Seybold JD**, Espinosa N. Posterior pilon fractures: A retrospective case series and proposed classification system. *Foot Ankle Int.* 2013; 34(2): 189-199.

Ajis A, **Seybold JD**, Myerson MS. Osteochondral distal metatarsal allograft reconstruction: a case series and surgical technique. *Foot Ankle Int.* 2013; 34(8): 1158-1167.

Seybold JD, Campbell JT, Jeng CL, Myerson MS. Anatomic comparison of lateral transfer of the long flexors for concomitant peroneal tears. *Foot Ankle Int.* 2013; 34(12): 1718-1723.

Seybold JD, Zide JR, Myerson MS. Hindfoot fusions in the flatfoot deformity: When and what techniques to use in late stage II and stage III deformities. *Tech Foot Ankle Surg* 2014; 13(1): 29-38.

Coetzee JC, **Seybold JD**, Moser BR, Stone RM. Management of posterior impingement in the ankle in athletes and dancers. *Foot Ankle Int.* 2015; 36(8): 988-994.

Seybold JD, Coetzee JC. Lisfranc injuries: when to observe, fix, or fuse. *Clin Sports Med.* 2015; 34(4): 705-723.

Seybold JD, Campbell JT, Jeng CL, Short KW, Myerson MS. Clinical Outcomes of Lateral Transfer of the FHL or FDL for Concomitant Peroneal Tendon Tears. *Foot Ankle Int.* 2016; 37(6): 576-581.

Seybold JD, Coetzee JC. Surgical management of post-traumatic midfoot deformity and arthritis. *Tech Foot Ankle Surg* 2016; 15(2): 79-86.

Seybold JD, Coetzee JC. Primary triple arthrodesis for treatment of rigid flatfoot deformity. *JBJS Essent Surg Tech* 2016; 6(3): e29.

Seybold JD. Management of the malunited triple arthrodesis. *Foot Ankle Clinics*. 2017; 22(3): 625-636.

Seybold JD, Zide JR. Management of Freiberg's Disease. *Foot Ankle Clinics*. 2018; 23(1): 157-169.

Book Chapters

Seybold JD, Kadakia AR. Nerve Entrapment Syndromes. In: *Presentation, Imaging and Treatment of Common Musculoskeletal Conditions: MRI-Arthroscopy Correlation*. Miller MD, Sanders TG, eds. Philadelphia: Saunders, 2011: 626-635.

Seybold JD, Kadakia AR. The Plantar Fascia. In: *Presentation, Imaging and Treatment of Common Musculoskeletal Conditions: MRI-Arthroscopy Correlation*. Miller MD, Sanders TG, eds. Philadelphia: Saunders, 2011: 636-642.

Seybold JD, Kadakia AR. Claw and Hammer Toes. In: *Presentation, Imaging and Treatment of Common Musculoskeletal Conditions: MRI-Arthroscopy Correlation*. Miller MD, Sanders TG, eds. Philadelphia: Saunders, 2011: 655-661.

Seybold JD, Sabb B, Kadakia AR. Stress Fractures of the Foot and Ankle. In: *Presentation, Imaging and Treatment of Common Musculoskeletal Conditions: MRI-Arthroscopy Correlation*. Miller MD, Sanders TG, eds. Philadelphia: Saunders, 2011: 674-680.

Seybold JD, Sabb B, Kadakia AR. Tarsal Fractures. In: *Presentation, Imaging and Treatment of Common Musculoskeletal Conditions: MRI-Arthroscopy Correlation*. Miller MD, Sanders TG, eds. Philadelphia: Saunders, 2011: 690-709.

Seybold JD, Kadakia AR. Foot Fractures. In: *Presentation, Imaging and Treatment of Common Musculoskeletal Conditions: MRI-Arthroscopy Correlation*. Miller MD, Sanders TG, eds. Philadelphia: Saunders, 2011: 710-717.

Seybold JD, Sabb B, Kadakia AR. The Diabetic Foot. In: *Presentation, Imaging and Treatment of Common Musculoskeletal Conditions: MRI-Arthroscopy Correlation*. Miller MD, Sanders TG, eds. Philadelphia: Saunders, 2011: 718-727.

Seybold JD, Sabb B, Kadakia AR. Arthritidies of the Foot and Ankle. In: *Presentation, Imaging and Treatment of Common Musculoskeletal Conditions: MRI-Arthroscopy Correlation*. Miller MD, Sanders TG, eds. Philadelphia: Saunders, 2011: 728-752.

Seybold JD, Kadakia AR. Foot Arthritis. In: *Surgery of the Foot and Ankle*. Parekh S ed. New Delhi, India: Jaypee Brothers Medical Publishers, 2012: 175-237.

Seybold JD, Kadakia AR. Disorders of the Foot and Ankle. In: *Review of Orthopaedics*. 7th edition. Miller MD, Thompson SR, eds. Philadelphia: Elsevier, 2016: 482-575.

Abstracts

Illgen RL, Bauer LM, **Seybold JD**, Boeckmann SA, Forsythe TM. Bulk Generation of Submicron UHMWPE Wear Debris. 51st Annual Meeting of the Orthopaedic Research Society; Washington, D.C.; Feb. 20-23, 2005.

Srinivasan RC, **Seybold JD**, Salata MJ, Goulet JA, Dougherty PJ. An Analysis of the Orthopaedic In-Training Examination (OITE) Musculoskeletal Trauma Section Reveals the Importance of Reviewing the Current Primary Literature. 25th Annual Meeting of the Orthopaedic Trauma Association; San Diego, CA; Oct. 7-10, 2009.

Seybold JD, Knesek MA, Graziano GP, Patel RD. "Incisional Vacuum-Assisted Closure Devices in Obese Spine Patients." Michigan Orthopaedic Society Annual Scientific Meeting; Mackinac Island, MI; June 24-26, 2011.

Irwin TA, Kadakia AR, **Seybold JD**. "Comparison of Diagnostic Accuracy and MRI Utilization by General Practitioners and Foot and Ankle Orthopaedists." Michigan Orthopaedic Society Annual Scientific Meeting; Mackinac Island, MI; June 24-26, 2011.

Seybold JD, Moore JED, Holmes JR, Kadakia AR. "Comparison of Diagnostic Accuracy and MRI Utilization by General Practitioners and Foot and Ankle Orthopaedists." 27th Annual Summer Meeting of the American Foot and Ankle Orthopaedic Society; Keystone, CO; July 13-16, 2011.

Seeley M, Knesek MA, **Seybold JD**, Graziano GP, Patel RD. "Obesity and Wound Drainage: Are Incisional Vacuum Assisted Closure Devices the Answer?" 8th Annual Evidence and Technology Spine Summit; Park City, UT; February 23-25, 2012.

Seybold JD, Campbell JT, Jeng CL, Myerson MS. "Anatomic Comparison of Lateral Transfer of the FHL and FDL for Concomitant Peroneal Tears." 29th Annual Summer Meeting of the American Foot and Ankle Orthopaedic Society; Hollywood, FL; July 17-20, 2013.

Seybold JD, Campbell JT, Jeng CL, Short KW, Myerson MS. "Clinical Outcomes of Lateral Transfer of the FHL or FDL for Concomitant Peroneal Tendon Tears." 29th Annual Summer Meeting of the American Foot and Ankle Orthopaedic Society; Hollywood, FL; July 17-20, 2013.

Seybold JD, Srinath AK, Campbell JT, Cerrato RA, Jeng CL, Myerson MS. "Functional Return to Activity Level Following Sesamoidectomy." 29th Annual Summer Meeting of the American Foot and Ankle Orthopaedic Society; Hollywood, FL; July 17-20, 2013.

Zide JR, **Seybold JD**, Shub J, Myerson MS. "Correction of Coronal Plane Deformity with the Salto Talaris Total Ankle Replacement." 29th Annual Summer Meeting of the American Foot and Ankle Orthopaedic Society; Hollywood, FL; July 17-20, 2013.

Knesek MA, Seeley M, **Seybold JD**, Graziano GP, Patel RD. "Obesity and Wound Drainage: Are Incisional Vacuum Assisted Closure Devices the Answer?" AAOS Annual Meeting, New Orleans, LA; March 11-15, 2014.

Jeffrey Seybold, MD expert witness cases over the past 4 years

1/8/2016: Andrea Cripps-Pett; deposition with Ron Zimmer through Zimmer Law Office.

11/9/2017: Kashta French; deposition with Chuck Slane at TSR Injury Law.

01/19/2018: Jemal Amos-Demmaj; deposition with Thomas Kiernan at Kiernan Law.

04/06/2018: Austin Gowen; deposition with Jed Chronic at Maschka, Riedy, Ries & Frentz Law Firm.